

**Arizona Department of Health Services/Division of Behavioral Health Services  
COMMUNITY SERVICE AGENCY TITLE XIX CERTIFICATE**

<b>TYPE OF ACTION (CIRCLE):</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">1. Initial Certificate</div> <div style="width: 50%;">7. Change in Ownership</div> <div style="width: 50%;">2. Renewal Certificate</div> <div style="width: 50%;">8. Change in Name</div> <div style="width: 50%;">3. Amended Certificate</div> <div style="width: 50%;">9. Change in Tax ID</div> <div style="width: 50%;">4. Change in address</div> <div style="width: 50%;">5. Change in service</div> <div style="width: 50%;">6. Change in telephone number</div> </div>	<b>FACILITY NAME AND ADDRESS:</b>  
<b>Certification Date:</b> _____	<b>ADHS/DBHS COMMENTS:</b>  

**Services Being Provided (check all that apply):**

**TIER I:**

☐ Unskilled Respite

☐ Self-help Peer Service or Comprehensive Community Support Services (Peer Support)

☐ Personal Care

☐ Support to Maintain Employment

☐ Psychoeducational Service

**TIER II:**

☐ Home Care Training Family

☐ Skills Training or Psychosocial Rehabilitation

☐ Supervised Day or Comprehensive Community Support (Supervised Day Program)

☐ Behavioral Health Prevention/Promotion Education

## Title XIX

# Community Service Agency

<b>RBHA/TRBHA AFFILIATION (check all that apply):</b>			
CPSA-3	?	EXCEL	?
CPSA-5	?	NARBHA	?
PGBHA	?	Value Options	?
Gila River	?	Navajo	?
Pasqua Yaqui	?	Other/Specify	?

**TITLE XIX CERTIFICATION ACTION:**

? Approved **Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Certification Number \_\_\_\_\_

<b>Authorized ADHS/DBHS Signature</b>  	<b>AHCCCS Provider Type</b>  
Signature and Title _____	A3 Community Service Agency
Date _____	

**A copy of this Certificate must be sent with the Provider Registration Packet when registering with  
Arizona Health Care Cost Containment System - AHCCCS**